

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

07/30/2001 MBIZUNES 00000030 033975 09911692

01 FC:101		710.00 OP
02 FC:103	522.00 CH	
03 FC:102	80.00 CH	

PTO-1556  
(5/87)

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

P0280647

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	49	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	49 minus 20 =	* 29
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

RATE	FEE
BASIC FEE	710.00
X\$18=	522
X80=	80
+270=	—
TOTAL	1312

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

OR

OR

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.